GUIDE FOR COMPLETION OF RESIDENT ROSTER

Administrator, Operator, or Designee - Please complete the "Resident Roster" form **within the first hour that you receive it** and return it to the Surveyor. Your prompt completion of this form will help the survey proceed more quickly.
Please list all residents currently living in the facility and identify **their current status as of today** by placing (*Y) for Yes or (N)* for No in the box.

1. **UNIT APT NO**. – Number of Apartment or Living Unit. For other facilities, the manner by which staff would tell each other where the resident's room is located.

2. **RESIDENT NAME** – Resident's legal name as appears on Medicare card or other government-issued document.

3. **GIVES OWN MEDS** – Resident self-administers all or some of their medication.

4. **INSULIN INJECT** – Resident self-administers own insulin or has insulin administered by facility staff

5. **BED RAILS** – Resident has bed rails on their bed.

6. **USES INCONT PROD** – Resident uses pads or briefs for urine or bowel incontinence.

7. **CATH** – Resident has an indwelling urinary catheter

8. **TWO-PERSON TRANSF** – Resident requires assistance of at least two people to safely transfer between different surfaces, including to or from bed, chair, wheelchair, or standing position. Do not include moving to and from bath or toilet.

9. **FALL IN LAST 180 DAYS** – In the past 180 days, the resident had an unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g. onto a bed, chair, or bedside mat) The fall may have been witnessed, reported by the resident or an observer or identified when a resident was found on the floor or ground. Include any fall that occurred at any location. Do not include any fall due to the resident being struck by another person or object.

10. **OUTSIDE PROVIDER** – Resident receives treatment or services from a person employed by an entity other than the facility, i.e. home health, hospice.

11. **ASST TO TOILET** – Resident needs assistance with any of the following: use of the toilet, commode, bedpan or urinal, transferring on and off the toilet, cleaning self after elimination, changing pads, managing ostomy or catheter. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag.

12. **ASST TO BATH** – Resident needs assistance with full body bath or shower, or sponge bath, and transfers in and out of the tub or shower. Does not include washing of back and hair.

13. **IMPAIRED COG STATUS** - Resident is not able to organize daily routine and make consistent, reasonable and organized decisions. Resident has difficulty making decisions and/or makes decisions which are harmful or potentially harmful to resident.

14. **SKIN PROB** – Resident has a pressure ulcer, wound, or other skin problems. Other skin problems may include any of the following but is not limited to only these: rash, foot infection, diabetic foot ulcer, arterial ulcer, venous stasis ulcer, open lesion (cuts, fissures), cancer lesion, surgical wound, burn, skin tear, or moisture associated skin damage due to incontinence, perspiration, or drainage.

15. **SPEC TREATMENT** – Resident requires special care or treatment directly by licensed nurse or under guidance of licensed nurse with initial direction for procedure and periodic inspection or assessment